

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 17-MAR-2014		TIME 22:05:00		2. ADDRESS OF OCCURRENCE 6048 S SANGAMON ST, Apt ATTIC CHICAGO, IL 60621			3. LOCATION CODE 289		4. BEAT/OCCUR 0712	
MEMBER INVOLVED	5. POSITION 9171		6. LAST NAME JETEL		7. FIRST NAME MICHAEL P		8. STAR NO. 2005		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
	10. RACE CODE WHI		11. AGE 601		12. HT. 170		13. WT. 170			
	14. DATE OF APPT. 26-DEC-1989		15. EMPLOYEE NO. 007		16. UNIT & BEAT OF ASSIGNMENT 0710		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
SUBJECT INFORMATION	20. LAST NAME MAGSBY		21. FIRST NAME JOSHUA		22. M.I. BLK		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK	
	25. D.O.B. 600		26. HT. 250		27. WT. 250		28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]	
	30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOS		34. BY WHOM? DR [REDACTED]	
	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal		36. CHARGES PLACED 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16		37. CB NO. 18856236		38. IR NO. [REDACTED]		39. DNA <input type="checkbox"/>	
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		39. DNA <input checked="" type="checkbox"/>		40. DNA <input type="checkbox"/>		41. DNA <input type="checkbox"/>		42. DNA <input type="checkbox"/>	
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		MEMBER PRESENCE <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>	
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		VERBAL COMMANDS <input checked="" type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>	
WEAPON DISCHARGE INCIDENT	OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	
	MEMBER'S RESPONSE		MEMBER'S RESPONSE		MEMBER'S RESPONSE		MEMBER'S RESPONSE		MEMBER'S RESPONSE	
	MEMBER'S RESPONSE		MEMBER'S RESPONSE		MEMBER'S RESPONSE		MEMBER'S RESPONSE		MEMBER'S RESPONSE	
	MEMBER'S RESPONSE		MEMBER'S RESPONSE		MEMBER'S RESPONSE		MEMBER'S RESPONSE		MEMBER'S RESPONSE	
WEAPON DISCHARGE INCIDENT	40. ADDITIONAL INFORMATION HANDGUN.		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR	
	45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE		49. TASER DART ID NO.	
	50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.	
	55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)	
CASE INFO.	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	
	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)	
	70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		71. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.		72. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		73. REPORTING MEMBER (Print Name) JETEL, MICHAEL P		74. STAR/EMPLOYEE NO. 2005	
	75. SIGNATURE [REDACTED]		76. DATE 18-MAR-2014 04:11:25		77. REVIEWING SUPERVISOR (Print Name) BETZ, DAVID C		78. STAR NO. 779		79. SIGNATURE [REDACTED]	
SIGNATURES	80. DATE REVIEWED 18-MAR-2014 04:12:40		81. TIME 18-MAR-2014 04:12:40		82. TIME 18-MAR-2014 04:12:40		83. TIME 18-MAR-2014 04:12:40		84. TIME 18-MAR-2014 04:12:40	
	85. TIME 18-MAR-2014 04:12:40		86. TIME 18-MAR-2014 04:12:40		87. TIME 18-MAR-2014 04:12:40		88. TIME 18-MAR-2014 04:12:40		89. TIME 18-MAR-2014 04:12:40	

LOG# 1068046

Attachment

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WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject is currently hospitalized being treated for wounds he sustained during this incident and is unable to be interviewed at this time.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on what is known at this time, a preliminary determination has been made that the actions of this officer and all officers involved in this incident fall within department guidelines and procedures. During this incident, the above subject pointed a firearm in the direction of Sergeant Michael Jetel # 2005 and Sergeant Bryan Holy #2525 causing police officer Anthony Sabella #11974 to shoot the subject in order to end the threat to the life of Sergeant Holy. Sergeant Michael Jetel did not discharge his weapon.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1068046 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

VELEZ, CARLOS E

SIGNATURE

DATE COMPLETED

TIME

18-MAR-2014 04:59:00

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

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